



Golder Ranch Fire District

Regular Memo 18-004

Date: February 23, 2018

To: Suppression Employees

From: Tom Brandhuber, Assistant Chief of Operations

Subject: EMS Delivery

The agreement between Golder Ranch Fire District (GRFD) and American Medical Response (AMR) to provide ambulance coverage in the district has been operational for a short time. The agreement is designed to enhance the medical services we provide for district residents, local hospitals, and medical facilities by assigning AMR to a majority of the inter-facility transports in the district.

AMR is currently staffing an ALS ambulance at GRFD Station 374, designated as PM866. The personnel assigned to this ambulance will be on static schedules until June 1, 2018; at that point the AMR crews will be joining our 3-4 schedule. Regardless of schedules, the expectation is to respectfully treat the AMR employees as part of the crew. The station captains will operate as the quasi front line supervisor to these members and communicate any issues through the chain of command for a resolution, which includes the AMR medic supervisor. The communication flow will be routed through the Shift EMS Captain, with the Station Captain copying their BC on any issues.

As part of the agreement, requests for inter-facility transports (IFT) are being answered by the AMR Regional Dispatch Center. Dispatchers are following an algorithm that recommends the most appropriate unit to be dispatched. Initially, we have focused on the inter-facility requests from Oro Valley Hospital; providing an opportunity to test the system and make adjustments before communicating to all of the skilled nursing facilities in the district. As the dispatch algorithm is followed for IFT requests, PM866 will be dispatched by AMR and placed as dedicated at city communications to reflect as unavailable for 911 dispatches. When the algorithm identifies a GRFD ambulance for the IFT request, city communications will dispatch the appropriate GRFD unit based on response plans. Since implementation, the GRFD ambulances have been afforded a reduction of IFT responses; keeping district resources available for emergency requests.

In addition to IFT requests, PM866 has been added to the GRFD response plans and is outfitted with an MDC/AVL to ensure recognition of the unit at city communications. This allows PM866 to be dispatched with a GRFD suppression unit as the closest most appropriate ALS transport by city communications. Additionally, AMR operates two ALS ambulances, PM819 (24 hour unit) and PM812 (12 hour unit), from their Thornydale and Cromwell (Ina and Thornydale area)



Golder Ranch Fire District

Regular Memo 18-004

station that may be dispatched on IFT transports. Additional AMR units may be utilized for ALS scene requests if those units are available on AVL. As requests for BLS transports from

GRFD units occur, PM866, if available and within a 20 minute response area, may be selected by city communications as the appropriate transport unit. Other AMR units such as Meds830 and Meds838 may be dispatched to fulfill BLS requests if NWFD levels support their response and the units can respond to the scene within 20 minutes.

The expectation on all emergency medical responses shall be for the first arriving GRFD EMCT-Paramedic to assume patient care and begin an ALS assessment upon arrival. As part of the district Documentation and Compliance Program, the GRFD suppression unit shall initiate an ePCR to document patient care. If the patient is transported by GRFD, the ePCR can be transferred to the unit completing the transport with the outcome reflected as "treated and transported by FD EMS." If the patient is transported by any other agency, the outcome shall reflect "treated and transferred," and a signature of the transporting health care provider shall be obtained. If the GRFD suppression unit arrives on scene after primary care has been established by another agency an ePCR needs to be initiated with the outcome reflected as "manpower" to document that assistance was provided.

While the agreement with AMR outlines many technological requirements, we have identified several differences between the equipment, administrative orders, medications, and supplies that are used between the two agencies. One difference is in the cardiac monitors carried by both agencies; AMR utilizes LifePack 15's for their cardiac monitors. In situations where discontinuing either brand of monitor will cause harm or negatively affect the patient outcome, please maintain the monitor that was initially placed throughout patient care. There is additional feedback provided from the Zoll monitors when compared to the LifePack 15 units during cardiac arrest and STEMI events, so utilizing the GRFD monitors for those cases is recommended.

The administrative orders differ between agencies, leading to different medications carried in the ALS drug boxes. Specifically in the Pain Management AO, AMR does not carry morphine. If morphine is administered by a GRFD paramedic, the only current means to replace the medication will be to remain with the transporting unit, assisting with patient care to the receiving facility, and replace the medication.

Access to Station 374 has been provided for the AMR courier to deliver supplies for PM866, deliveries shall occur during normal business hours. As part of the agreement, the AMR unit is permitted to replace EMS supplies that are used by GRFD on a medical scene where AMR provided the ground transport. There could be a difference in manufacturers of the supplies being replaced, please ensure the item is similar prior to receiving supplies from a different



Golder Ranch Fire District

Regular Memo 18-004

manufacturer. Supplies will be replaced on a one-for-one basis and only the items used for that scene. Additionally, AMR is participating in the employee fund and is able to utilize the supplies that the employee fund purchases for use by GRFD employees.

These are a few of the items identified so far, as other items arise, please make decisions that support excellent patient care, remain professional, and communicate through your chain of command so a permanent solution can be created. If you have any questions regarding the agreement, please direct them to your EMS Captain, Battalion Chief or Deputy Chief Cesarek.